## **APPENDIX F**

## **AUDIO-CASI ELIGIBILITY AND RISK SCREENING QUESTIONNAIRE**

These first questions are practice questions. The Research Associate will help you with these questions.

- PR1. Which of the following statements best describes how you feel about ice cream.
  - 1. Ice cream is my favorite dessert.
  - 2. I eat ice cream sometimes, but it is not my most favorite dessert.
  - 3. I don't like ice cream.
- PR2. When you eat ice cream, do you prefer chocolate, vanilla, or strawberry?
  - 1 Chocolate
  - 2. Vanilla
  - 3. Strawberry
  - 4. None of these flavors
  - 5. I don't eat ice cream
- PR3. Do you ever buy ice cream at the grocery store, either for yourself or for some one in your family?

Yes No

Now we begin the private part of the interview. Remember, after you hear the question, or read it on the screen, touch the screen where your answer appears. The Research Associate will be close by in case you need any help.

("START" button)

E1.	Has a doctor or health provider told you that you are currently pregnant?			
	Yes	*No		
E2.	Are you 28 weeks pregnant or less?			
	Yes	*No		
E3.	Have you participated in the HOPE (Healthy Outcomes of Pregnancy Education) Project at this clinic or another clinic where you used a computer to answer some questions about your smoking habits and how you feel these days?			
	Yes	No → SKIP TO Q.E4		
	E3a. Did you answer questions about cigarette smoking, either by you or the people you live with?			
	*Yes	No		
E3b. Did you answer questions about your moods and feelings?				
	*Yes	No		
	E3c. Did you answer questions about whether your partner does things to hurt you?			
	*Yes	No		
E4.	Are you 18 years of age or older?			
	Yes	*No		

E5. Are you currently a resident of the District of Columbia?

Yes →SKIP TO Q.E6

No

E5a. Are you currently on D.C. Medicaid?

Yes

\*No

- E6. Which one best describes how you consider yourself? If more than one of these describes you, please choose the one that describes you mostly.
  - 1. Black or African-American
  - \*\*2. White
  - \*\*3. Something else
- E7. Are you Spanish, Hispanic, or Latina?
  - 1. Yes
  - \*\*2. No

#### BOX A-1

\*\*QUESTIONS E6 AND E7 MUST BE TAKEN TOGETHER TO DETERMINE ELIGIBILITY.

IF THE ANSWER TO Q.E6 IS #1 <u>OR</u> THE ANSWER TO Q.E7 IS #1, THE RESPONDENT IS ELIGIBLE.

THE RESPONDENT IS INELIGIBLE ONLY IF SHE SELECTS ANSWER #2 OR #3 FOR Q.E6 AND ANSWER #2 FOR Q.E7.

BOX A-2

\*= INELIGIBLE

IS WOMAN ELIGIBLE?

YES → GO TO SM1

NO → GO TO THANK YOU SCREEN

These next questions are about smoking.

SM1. Which one of the following statements best describes you now?

*1. I smoke cigarettes regularly now, about the same as	
BEFORE I found out I was pregnant.	$\rightarrow$ SKIP TO SM2

- \*2. I smoke cigarettes regularly now, but more than BEFORE I found out I was pregnant. → SKIP TO SM2
- \*3. I smoke cigarettes some now, but I cut down on the number of cigarettes I smoke SINCE I found out I was pregnant. → SKIP TO SM2
- \*4. I stopped smoking cigarettes AFTER I found out I was pregnant, and I am not smoking now. → SKIP TO SM2
- I stopped smoking cigarettes BEFORE I found out
   I was pregnant, and I am not smoking now. → GO TO SM1a
- 6. I have NEVER smoked cigarettes, or I have smoked LESS THAN 100 cigarettes ever. → SKIP TO SM2

SM1a. Did you stop smoking cigarettes within the six months before you found out you were pregnant, or have you been a non-smoker longer than that?

- \*1. I stopped smoking within the six months before I found out I was pregnant.
- 2. I have been a non-smoker longer than that.
- SM2. Which one of the following statements best describes the extent to which other people, other than you, smoke cigarettes in your home?
  - 1. No one living in my home smokes cigarettes, and visitors never smoke in my home.
  - \* 2. No one living in my home smokes cigarettes, but visitors smoke in my home.
  - \* 3. Others living in my home smoke cigarettes, but visitors do not smoke in my home.
  - \* 4. Others living in my home smoke cigarettes, and visitors smoke in my home.



For the next questions, pick out the one statement in each group which best describes the way you have been feeling the PAST TWO WEEKS, INCLUDING TODAY. If several of the statements in each group seem to apply equally well, pick the statement that has the highest number.

		<u>Score</u> <sup>1</sup>
DP1.	1. I do not feel sad.	0
	2. I feel sad much of the time.	1
	3. I am sad all the time.	2
	4. I am so sad or unhappy that I can't stand it.	3
DP2.	1. I am not discouraged about my future.	0
	2. I feel more discouraged about my future than I used to	be. 1
	3. I do not expect things to work out for me.	2
	4. I feel that my future is hopeless and will only get wors	se. 3
Which TODA	h best describes the way you have been feeling the PAST TWO AY?	WEEKS, INCLUDING
DP3.	1. I do not feel like a failure.	0
D1 3.	2. I have failed more than I should have.	1
	3. As I look back, I can see a lot of failures.	2
	4. I feel I am a total failure as a person.	3
DP4.	1. I get as much pleasure as I ever did from the things I e	enjoy. 0
	2. I don't enjoy things as much as I used to.	1
	3. I get very little pleasure from the things I used to enjo	y. 2
	4. I can't get any pleasure from the things I used to enjoy	<i>y</i> . 3
Which TOD	h best describes the way you have been feeling the PAST TWO AY?	WEEKS, INCLUDING
DP5.	1. I feel the same about myself as ever.	0
	2. I have lost confidence in myself.	1
	3. I am disappointed in myself.	2
	4. I dislike myself.	3
DP6.	1. I don't criticize or blame myself more than usual.	0
	2. I am more critical of myself than I used to be.	1
	3. I criticize myself for all of my faults.	2
	4. I blame myself for everything bad that happens.	3
		Score

The score will not be seen on the computer screen. It is displayed now for programming purposes.

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DP7.	1.	I don't have any thoughts of killing myself.	0
	2.	I have thoughts of killing myself, but I would not carry them out.	1
	3.	*I would like to kill myself.	2
	4.	*I would kill myself if I had the chance.	3

## **BOX C**

SCORE 4+ FOR ITEMS D1-D7 = DEPRESSION RISK GROUP

IS WOMAN IN DEPRESSION RISK GROUP? YES  $\rightarrow$  GO TO Q.DP8 AND THEN BOX D NO  $\rightarrow$  GO TO BOX D

DP8. Approximately how long have you been bothered by any of these symptoms or problems?

Not at all

Less than 2 weeks

2 to 3 weeks

1 to 2 months

3 to 5 months

6 to 12 months

More than 1 year

## **BOX D**

IF THE ANSWER TO Q.DP7 IS STATEMENT #1, GO TO Q.AB1.

IF THE ANSWER TO Q.DP7 IS STATEMENT #2, GO TO Q.SU1.

IF THE ANSWER TO Q.DP7 IS STATEMENT #3, or #4, GO TO Q.SU1 THEN TO BOX E.

SU1. Do you have a plan for taking your own life or hurting yourself?

Yes No

BOX E
\* = SUICIDAL, NOT IN RESEARCH STUDY

The following questions are about things that may have happened to you.

AB1. Have you EVER been emotionally or physically abused by your partner or someone important to you?

Yes No

AB2. WITHIN THE LAST YEAR, were you pushed, shoved, slapped, hit, kicked or otherwise physically hurt by someone?

Yes No  $\rightarrow$  **GO TO Q.AB3** 

AB2a. Was this your boyfriend, ex-boyfriend, your husband, or ex-husband, or someone else?

- \*Boyfriend
- \*Ex-boyfriend
- \*Husband
- \*Ex-husband

Someone else

AB3. WITHIN THE LAST YEAR, did someone force you to have sexual activities?

Yes No  $\rightarrow$  **GO TO Q.AB4** 

AB3a. Was this your boyfriend, ex-boyfriend, your husband, or ex-husband, or someone else?

- \*Boyfriend
- \*Ex-boyfriend
- \*Husband
- \*Ex-husband

Someone else

AB4. Are you afraid of your current partner?

\*Yes No I have no current partner

BOX F

\* = ABUSE RISK GROUP

# THANK YOU SCREEN. DISPLAYED AT FINAL STOPPING POINT, EITHER AFTER ELIGIBILITY QUESTIONS (FOR THOSE INELIGIBLE) OR AFTER RISK SCREENING QUESTIONS (FOR THOSE ELIGIBLE).

Thank you for answering these questions. Please tell the Research Associate that you are finished.

#### **REFUSAL SCREEN**

You may choose not to answer this question. However, it IS IMPORTANT to us to have answers to ALL questions, if possible. Please remember that this interview will be kept in the STRICTEST CONFIDENCE.

If you decide to answer this question, touch the word YES. If you still choose not to answer this question, touch the word NO, and the interview will continue.